IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF COLUMBIA

UNITED STATES OF AMERICA, ET AL.,) CV No. 18-2340
Plaintiffs,)
VS.) Washington, D.C) June 5, 2019) 10:45 a.m.
CVS HEALTH CORPORATION, ET AL.,)
Defendants.) Day 2) Morning Session

TRANSCRIPT OF MOTIONS HEARING BEFORE THE HONORABLE RICHARD J. LEON UNITED STATES SENIOR DISTRICT JUDGE

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APPEARANCES CONTINUED: William P. Zaremba Court Reporter: Registered Merit Reporter Certified Realtime Reporter Official Court Reporter U.S. Courthouse 333 Constitution Avenue, NW Room 6511 Washington, D.C. 20001 (202) 354-3249 Proceedings recorded by mechanical stenography; transcript produced by computer-aided transcription

	WITNESS INDEX	
WITNESSES	DIRECT CROSS REDIRECT RECROSS	
DEFENDANT CVS:		
LAWRENCE WU	200	

1	PROCEEDINGS
2	DEPUTY CLERK: All rise. The United States
3	District Court for the District of Columbia is now in
4	session, the Honorable Richard J. Leon presiding. God save
5	the United States and this Honorable Court. Please be
6	seated and come to order.
7	The matter before the Court is Civil Action
8	No. 18-2340, United States of America, et al., versus
9	CVS Health Corporation, et al.
10	Counsel, please come forward and state your names
11	for the record.
12	MR. OWEN: Good morning, Your Honor. Jay Owen for
13	the United States.
14	THE COURT: Welcome.
15	MR. FITZGERALD: Good morning, Your Honor.
16	Scott Fitzgerald with the antitrust division, also for the
17	United States.
18	THE COURT: Welcome.
19	MR. MUCCHETTI: Good morning, Your Honor.
20	Peter Mucchetti with the antitrust division for the
21	United States.
22	THE COURT: Welcome.
23	MR. ALVARADO: Good morning, Your Honor.
24	Jesus Alvarado with the United States.
25	THE COURT: Welcome.

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MS. BRADY: Good morning, Your Honor.
 1
 2
     Lizabeth Brady for the State of Florida and the plaintiff
 3
     states.
 4
               THE COURT: Welcome.
 5
               MS. LEE: Good morning, Your Honor. Malinda Lee
 6
     on behalf of Plaintiff State of California and the plaintiff
 7
     states.
 8
               THE COURT: Welcome.
 9
               MR. PITT: Good morning, Your Honor.
10
     Jonathan Pitt from Williams & Connolly for CVS Health.
11
               THE COURT: Welcome.
12
               MR. COWIE: Good morning, Your Honor.
1.3
    Michael Cowie from Dechert for CVS Health.
14
               THE COURT: Welcome.
15
               MR. HABASH: Good morning, Your Honor.
16
    Rani Habash from Dechert for CVS Health.
17
               THE COURT: Welcome.
18
               MR. McGINLEY: Good morning, Your Honor.
19
    Michael McGinley from Dechert for CVS Health.
20
               THE COURT: Welcome.
21
               MR. QUILLEN: Good morning, Your Honor.
22
    Henry Quillen from Whatley Kallas for the American Medical
23
    Association.
24
               THE COURT: Welcome.
25
               MR. ALLEN: Good morning, Your Honor. Henry Allen
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for the -- with American Medical Association.
 1
 2.
               THE COURT: Welcome.
 3
               MR. BALTO: Good morning, Your Honor. David Balto
 4
     on behalf of Consumer Action, the United States Public
 5
     Interest Research Group.
 6
               THE COURT: Welcome.
 7
               MR. CASEY: Good morning, Your Honor. Chris Casey
     from Duane Morris on behalf of the AIDS Healthcare
 8
 9
     Foundation.
10
               THE COURT: Welcome.
11
               All right, Counsel.
12
               Mr. Pitt, are you ready to proceed?
13
               MR. PITT: We are, Your Honor.
14
               THE COURT: Call your first witness.
15
               MR. COWIE: Your Honor, we call Lawrence Wu.
16
               DEPUTY CLERK: Good morning, sir.
17
               THE WITNESS: Good morning.
18
               Raise your right hand.
19
               (Witness is placed under oath.)
20
     LAWRENCE WU, WITNESS FOR DEFENDANT CVS, HAVING BEEN DULY
21
     SWORN, TESTIFIED AS FOLLOWS:
2.2
                          DIRECT EXAMINATION
23
    BY MR. COWIE:
24
               Dr. Wu, would you introduce yourself by describing
25
     your academic background?
```

Α 1 Yes. 2. My name is Lawrence Wu. I am an economist. 3 I have a B.A. in economics from Stanford University and a 4 Ph.D. in economics from the Graduate School of Business at 5 the University of Chicago. 6 Dr. Wu, what is your current job? 7 I am president of NERA Economic Consulting. 8 0 How long have you been president? 9 I've been president for seven years. 10 Can you tell us a bit about NERA? Q 11 NERA was founded in 1961, one of the very first Α 12 economic consulting firms that do work in this area. 1.3 NERA is retained to advise companies with their 14 regulatory matters. 15 We've been retained to advise governments on how 16 to inject competition into the marketplace, and we will 17 advise governments on how to price services like air traffic 18 control or airport landing slots. So that's what we do 19 globally. 20 We have ten offices in the U.S., ten outside the 2.1 U.S. 2.2 There are 520 of us. 23 And I am among a few who specialize in economics 24 that -- in the area of antitrust.

And I've presented to the regulatory agencies and

25

1 | in proceedings just like this.

- Q Dr. Wu, before you joined NERA, what was your job?
- A I was a staff economist at the Federal Trade
 Commission, and that was from 1992 to 1996.
 - Q When you were at the FTC, did you analyze mergers?
- 6 A I did.

2.

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1.3

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2.1

2.2

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As a staff economist, I worked with the staff attorneys at the FTC. We would review the competitive impact of proposed mergers.

For me, many of the transactions I reviewed were in the healthcare field.

1992, Bill Clinton was just elected. Health reform did not pass, but it created a wave of innovation and healthcare acquisitions and mergers in the field.

Q Dr. Wu, did you also analyze merger remedies when you worked at the FTC?

A I did.

There were occasions where the parties may propose a settlement or divestiture to resolve the competitive concerns.

And as a staff economist, I would be responsible for evaluating whether a remedy was needed; and, if so, would the remedy resolve the competitive concerns? And I'd write a recommendation on behalf of the Bureau of Economics.

Q Dr. Wu, I'd like to go through your experience

```
briefly as a testifying expert.
 1
 2.
               Have you testified in trial before?
 3
          Α
               I have.
 4
               I have testified in a trial or administrative
 5
     hearing 14 times.
 6
               Have you testified in this court before?
 7
          Α
               I have.
               In 2000, I --
 8
 9
               THE COURT: Let's be clear about that. When he
10
     says "this court," he doesn't mean this judge.
11
               THE WITNESS: Yes.
12
               THE COURT: You've never appeared before this
1.3
     Court.
14
               THE WITNESS: I have never appeared before Your --
15
               THE COURT: He's talking about my colleagues in
16
     the District Court of D.C., correct?
17
               MR. COWIE: Correct.
18
               THE COURT: All right.
19
               THE WITNESS: Yes. Thank you for that.
20
               THE COURT: I don't want the record to be clouded
21
     on that subject.
2.2
               THE WITNESS: Yes.
23
               I have testified before this court broadly,
24
     including your colleagues. That was in the year 2000.
     There was a merger transaction that the FTC challenged, and
25
```

I was retained by the merging parties. And that was before 1 2. Judge Thomas Hogan. 3 THE COURT: Judge Hogan. 4 BY MR. COWIE: 5 And, Dr. Wu, you testified in that merger trial in 6 this U.S. District Court on the defense side; 7 is that correct? Yes. I was retained by the merging parties. 8 9 Have you testified for the government as an expert 10 economist in trial? 11 I have. I've done that a couple of times. Α 12 One when I was at the FTC. 1.3 The FTC brought a complaint against an association 14 for price fixing. 15 And while I was at NERA, the Federal Trade 16 Commission retained me to be their economic expert in a 17 hospital merger challenge that they brought in Missouri. 18 Dr. Wu, have you worked at all in the healthcare 19 industry? 20 I have. 21 During graduate school, I did work at the American 2.2 Hospital Association as a research analyst. 23 And as part of your academic background, have you 24 worked or taught in the healthcare area before?

25

Α

I have.

There was a semester where I was an adjunct 1 2 professor at NYU's Wagner School of Public Service. That's 3 the school that houses the public policy program at NYU, and 4 I had the privilege of teaching a health economics class for 5 them. 6 In your consulting, have you worked on a pharmacy 7 benefit manager merger, or a PBM merger? 8 I have. 9 I worked on a transaction in 2011 and 2012, and 10 that was when Express Scripts proposed to acquire Medco. 11 And it had to deal with PBM, pharmacy benefit services. 12 Dr. Wu, have you testified in the U.S. Congress on 1.3 healthcare matters? 14 I have. 15 I had the privilege last year of being asked to 16 testify before a House Subcommittee on Antitrust. The topic 17 was the CVS-Aetna transaction and consolidation in the PBM 18 market. 19 THE COURT: I've seen the testimony. I've read 20 it. 21 THE WITNESS: Thank you. 2.2 THE COURT: I'm familiar with it. 23 BY MR. COWIE: 24 And, Dr. Wu, were you consulting for CVS at the 25 time of that testimony before Congress?

I was not consulting for any party when I appeared 1 2. before that House subcommittee. 3 0 Dr. Wu, what was your assignment for this case? 4 My assignment in this case has three parts. 5 THE COURT: Well, who's employing you? 6 THE WITNESS: I've been retained by counsel for 7 CVS. THE COURT: CVS counsel. All right. 8 9 Go ahead. 10 THE WITNESS: My assignment in this case has three 11 parts. 12 The first is to assess whether the proposed 13 divestiture reasonably resolved the competitive concerns. 14 So this would have to do with a combination of WellCare and 15 Aetna in the PDP marketplace. 16 The second assignment has to do with addressing 17 the vertical foreclosure concerns that were raised 18 yesterday. 19 And the third --20 THE COURT: Did you sit in on the testimony 21 yesterday? 2.2 THE WITNESS: I did. 23 THE COURT: Okay. 24 THE WITNESS: And the third assignment was to 25 address questions related to horizontal competition in the

PBM marketplace. 1 BY MR. COWIE: 2. 3 Dr. Wu, with these assignments, what types of 4 information did you evaluate? 5 I evaluated the types of information that I would 6 evaluate in all of my consulting assignments. 7 I read company documents. I reviewed and analyzed 8 company data. I read the submissions that CVS and Aetna 9 submitted to the Department of Justice. And, of course, I 10 read various publicly available information and documents. 11 Based on your review, what conclusions have you 12 reached, Dr. Wu? 13 My conclusion is that the proposed divestiture 14 resolves the competitive concerns that the DOJ had. 15 Second, the transaction between Aetna and CVS does not raise vertical foreclosure concerns. 16 17 And the third is that I see the PBM marketplace as 18 being vigorous and competitive. 19 Now, did you also review the comments by the 20 critics to the divestiture? 2.1 Yes, I have. Α 2.2 The DOJ received a number of comments on the 23 proposed divestiture and I took a look at those comments. 24 There are 146 comments that were in opposition to

25

the proposal.

And my observation from that is that almost all of the comments in opposition were from competitors to CVS.

Q And, Dr. Wu, did those competitors include competing pharmacies?

A Yes.

1.3

2.2

The competitors that provided comments in opposition, most of them were from either independent pharmacists, could be independent physician groups -- yeah, physician groups and pharmacies, so those are the broad category.

I did not see, by the way, comments and opposition from employer groups or health plans who were buying PBM services or entities or individuals that I might characterize as customers.

- Q You mentioned physician groups as a type of competitor. How are physician groups competitors to CVS?
- A Physician groups are competitors in that CVS has MinuteClinics. There are certain things that an individual may be able to get at a doctor's office or a MinuteClinic, and the services can be as simple as a vaccination or a flu shot. But these are just that's how they compete.
- Q From an economic perspective, how do you view complaints by competitors?
- A Well, how I view it as an economist and the way I looked at it when I was at the Federal Trade Commission are

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similar.
 1
 2.
               We would hear from competitors.
 3
               But typically, we would listen to comments from
 4
     competitors. And, frankly, we would view them skeptically,
 5
     because it's important to keep in mind that competition has
 6
     winners and losers, and competition in antitrust is about
 7
     protecting competition, not competitors. So we always keep
 8
     that framework in mind.
 9
               Let's move to some of the details concerning the
10
     divestiture.
11
               MR. COWIE: Your Honor, I provided your
12
     Deputy Clerk yesterday a small set of demonstratives.
1.3
     Do you have that available?
14
               THE COURT: You remember what I said yesterday
15
     about demonstratives, right?
16
               No. He's here to testify, not to show
17
     demonstratives.
18
               You can show them if he wants to refer to them.
19
     We're not putting anything up on the screen. He's just here
20
     to testify.
2.1
               MR. COWIE: Do you have -- would you like another
2.2
     set, Your Honor?
23
               THE COURT: I have a set right here.
24
               MR. COWIE:
                          May I approach the witness?
25
               THE COURT:
                           Sure.
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BY MR. COWIE: 1 2. Dr. Wu, what is the purpose of an antitrust 3 remedy? The purpose of a remedy in a merger context is to 5 restore competition to pre-merger levels. 6 MR. COWIE: Tab 1, Your Honor, refers to a 7 divestiture study. 8 BY MR. COWIE: 9 Dr. Wu, have the antitrust agencies studied the 10 effectiveness of remedies? Α 11 Yes. The FTC has studied the effectiveness of remedies 12 1.3 on a couple of occasions. The most recent report was issued 14 in January 2017. 15 In that study, the FTC looked at all of the orders 16 from 2006 to 2012, and they did deep dives or case studies 17 on 50 of them. 18 So they evaluated those 50 remedies and wrote a 19 report to describe the lessons learned, what made 20 divestitures successful and what made divestitures not 2.1 successful. 2.2 And what types of information did the FTC use in 23 that study? 24 In their case studies, the FTC called market

participants, including the merging parties and the buyer of

25

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the divested assets, and they also got sales data from
 1
 2
     various market participants. So it was a pretty -- so it's
 3
     a combination of data and interviews with market
 4
     participants.
 5
               THE COURT: You'd already left there by the time
 6
     this study was done, right?
 7
               THE WITNESS: Yes.
               THE COURT: You left in '96?
 8
 9
               THE WITNESS: Yes.
10
               THE COURT: Right.
11
     BY MR. COWIE:
12
               And this study was looking back at divestitures to
13
     see if they, in fact, worked, correct?
14
               That's right, worked or not worked.
15
               And what were the factors in -- that made a
16
     divestiture more likely to be successful.
17
               THE COURT: Some of these divestitures were
18
     divestitures that took place during the time that you were
19
     at the FTC from '92 to '96?
20
               THE WITNESS: No.
21
               So I was there in 1996 -- no.
2.2
               The divestitures studied in the January 2017
     report was from 2006 to 2012.
23
24
               THE COURT: '6 to '12.
25
               THE WITNESS: Yeah.
```

THE COURT: 1 Okay. 2. BY MR. COWIE: 3 0 Okay. 4 Does this chart, Dr. Wu, identify characteristics 5 of a successful divestiture? 6 Α Yes. 7 So the items on that first tab, they reflect my 8 takeaways from the divestiture report. 9 I think of it in two broad ways. I think about 10 the asset being divested. I think about the buyer, okay. 11 And the items in the -- that list corresponds to both. 12 With respect to the assets, the FTC found that a 1.3 divestiture was more likely to be successful if the assets 14 being sold were part of an ongoing business or more of a 15 complete business. That made it more likely to be 16 successful. So that's one important aspect of the asset 17 being sold. 18 And then on the buyer's side, the FTC found that a 19 remedy was more likely to be successful if a buyer was 20 pre-approved. If the buyer had knowledge of the industry 21 experience in the market, they know what to do with the 2.2 asset, they've got a sound financial balance sheet. So those are all factors that would give the --23 24 that gave the FTC confidence that the merger was likely to

25

be successful.

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What was your understanding as to why
 1
               THE COURT:
 2
     the Justice Department thought a remedy was needed at all?
 3
     What was your understanding?
 4
               THE WITNESS: My understanding is that the
 5
     antitrust division looked at the competitive overlap in the
 6
     PDP marketplace.
 7
               THE COURT: Uh-huh.
 8
               Of course, as you well know, they don't just
 9
     compete in the PDP marketplace --
10
               THE WITNESS: Well --
11
               THE COURT: -- with Aetna then.
12
               THE WITNESS: Yeah, okay.
1.3
               So in terms of why -- okay. So -- but in terms,
14
     to answer your question --
               THE COURT: Right.
15
16
               THE WITNESS: -- the DOJ evaluated a number of
17
     issues, and I think they concluded that the competitive
18
     overlap in the PDP market was what concerned them the most.
19
               THE COURT: Okay.
20
               THE WITNESS: So there were 34 regions in the
21
     country, and they identified 16 areas where they said, Well,
2.2
     there's probably a horizontal issue of concern. Okay.
23
               They also evaluated the vertical foreclosure
     issues, too. And my understanding is that, as they thought
24
25
     about the vertical foreclosure issues, they did not see that
```

as raising a competitive concern that required a remedy. 1 2. THE COURT: Is that the PBM marketplace? 3 Is that where the -- you speak in terms of 4 vertical foreclosure issues. Translate that into the 5 practical reality of how this works. 6 THE WITNESS: Yes. 7 There are a couple of possible ways that have been 8 described here, in this courtroom. One has to do with PBM, 9 a Caremark's PBM; another has to do with Caremark --10 THE COURT: Caremark and CVS. 11 THE WITNESS: And CVS. 12 THE COURT: CVS and Caremark are one. 13 THE WITNESS: Right. Okay. Right. 14 Now, the analogy is almost exactly the way it was 15 in AT&T-Time Warner, where, if you thought about the --16 THE COURT: This should be interesting. 17 should be very interesting. I'm all ears. 18 THE WITNESS: Yeah. 19 So I'll describe the setup, and then would it be 20 helpful if I described how that applies to this? 2.1 THE COURT: If you think it does, sure. 2.2 THE WITNESS: Yeah. 23 So just to give an analogy, when I think about 24 vertical foreclosure, and the way I think about it as an 25 economist is the way economists generally will think about

I know it's the way the economists and those staff 1 2 lawyers at the DOJ think about it. They'll think about 3 whether or not there are five -- one of the key elements for 4 vertical foreclosure, to have an anti-competitive effect, 5 okay. 6 So they might start, okay, by saying, Is there 7 some important input that is a must-have input that might 8 give the vertically integrated company some leverage in 9 negotiations. 10 So in the AT&T-Time Warner context, that might 11 have been HBO and CNN, and the question was whether the 12 vertically integrated entity could use those assets to 1.3 somehow get an advantage. Okay, because they were must-have 14 assets. So that's the first one. 15 And the question that -- the parallel here in this 16 transaction is whether or not CVS and Aetna have a Caremark 17 PBM service that is a must-have input that, Oh, okay, it's 18 so important, because I have CVS -- because I have the 19 Caremark PBM, I can -- this transaction lets me do more. 20 And the same thing with --21 THE COURT: Why do you keep calling it the 2.2 Caremark PBM? CVS/Caremark. 23 THE WITNESS: Oh. 24 THE COURT: CVS owns that --25 THE WITNESS:

Yes.

```
THE COURT: -- right?
 1
 2
               It's the CVS PBM with Caremark, of course.
 3
               THE WITNESS: Yes.
 4
               THE COURT: But don't disassociate it, sir.
 5
               THE WITNESS: Oh, okay.
 6
               THE COURT: Keep CVS.
 7
               You keep calling it the Caremark PBM.
               THE WITNESS: Oh.
 8
               THE COURT: It's CVS's PBM.
 9
               THE WITNESS: Yes, it is CVS's PBM.
10
11
               THE COURT: And it controls a third of the
12
     marketplace, right? 29 percent, roughly 30, of the PBM
13
     marketplace.
14
               THE WITNESS: Is it -- so yes.
15
               THE COURT: It's one of the three major PBMs which
16
     controls 70 percent in the marketplace, correct?
17
               THE WITNESS: It is one of the three PBMs that
18
     have around here on the 70 percent.
19
               THE COURT: Am I off on those statistics?
20
               THE WITNESS: No, that's roughly right.
21
               THE COURT: Roughly right.
2.2
               THE WITNESS: Roughly right.
23
               THE COURT: So a third of the market.
24
               THE WITNESS: Yeah, roughly right.
25
               THE COURT:
                           Okay.
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THE WITNESS: And I didn't mean to disassociate
 1
 2
     Caremark and CVS.
 3
               THE COURT: No, I know, it's a subtle distinction.
 4
    But some people listening might not understand that
 5
     distinction. Let's just keep it less subtle.
 6
               THE WITNESS: Okay. So I'll say CVS.
 7
               THE COURT: Yeah.
 8
               THE WITNESS: Okay. So the CVS PBM.
                                                     The question
 9
     is whether or not CVS will be able to use -- the CVS PBM has
10
     greater leverage or the CVS pharmacy has leverage, so that's
11
     the first step, right.
12
               And then the second step, right, is whether or
1.3
    not, if --
14
               THE COURT: Well, that wouldn't be the leverage,
15
     though, would it, if the merger were to occur?
16
               They've got -- CVS/Caremark has the distribution
17
    network of CVS/Pharmacy, 7900?
18
               THE WITNESS: Yes.
19
               THE COURT: Out of the 70,000 in America, so
20
     10 percent.
2.1
               THE WITNESS: Okay.
2.2
               THE COURT: Roughly. A little bit more than
23
     10 percent.
24
               But the leverage if the merger occurs isn't that,
25
     is it? It's the 21 million customers they acquire from
```

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Aetna, 2 million of which are PDP, the other 19 million of
 1
     which are in the non-PDP market, right? That's the leverage
 2
 3
     they gain, this huge market -- this huge collection of
 4
     customers, am I wrong?
 5
               THE WITNESS: Your Honor, with due respect, a
 6
     little bit wrong.
 7
               THE COURT: No. Go for it.
 8
               I mean, that's why you're here. You're the
 9
     expert, I'm not. I'm trying to learn, I'm trying to catch
10
     up.
11
               THE WITNESS: The reason this transaction does not
12
     give CVS any additional leverage --
1.3
               THE COURT: CVS PBM.
14
               THE WITNESS: -- CVS, or CVS PBM additional
15
     leverage --
16
               THE COURT: Right.
17
               THE WITNESS: -- is because CVS, the CVS PBM or
18
     CVS has been providing PBM services to Aetna already. They
19
     have been providing PBM services to Aetna exclusively since
20
     2011.
21
               So when CVS is negotiating with pharmaceutical
2.2
     companies, they are already doing that with those 22 million
23
     lives.
24
               This transaction does not actually change the
25
     leverage because --
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```
THE COURT: As long as they have that contract.
 1
 2.
               How often is the contract renewable?
 3
               THE WITNESS: These are?
 4
               THE COURT: With Aetna. Once every couple years?
 5
     Is it a two-year contract, three-year contract?
 6
     BY MR. COWIE:
 7
               Dr. Wu, do you have an understanding the contract
     was entered into in 2011?
 8
 9
               I do.
10
               Do you have an understanding it's a 12-year
11
     contract that runs through 2022?
12
               THE WITNESS: Yes, it's a 12-year contract.
13
               THE COURT: Okay. Good. Thanks for your
14
     assistance in that.
15
               So at the end of that 12-year contract, if they
16
     don't own Aetna, they don't -- Aetna doesn't have to renew
17
     it; they can go with someone else for PBM services, right?
18
               THE WITNESS: Yes, that's right.
19
               THE COURT: Okay.
20
               But it's different now. If they merge, they own
2.1
     them.
2.2
               That's a very different posture, is it not, when
23
     they own the business that has 21 million subscribers?
24
               THE WITNESS: Yes. So --
25
               THE COURT: Won't you have a contract with that
```

```
business that has to be renewed and has to be re-negotiated?
 1
 2
     That's a pretty different posture, isn't it?
 3
               THE WITNESS: Well, but not when it comes to --
 4
     no, not when it comes to the bargaining leverage.
 5
               So that's the part where -- when I think about
 6
     does CVS -- does the proposed vertical transaction give CVS
 7
     more leverage --
               THE COURT: With manufacturers?
 8
 9
               If a manufacturer knows that the company they're
10
     dealing with has an additional 21 million customers under
11
     its umbrella, that doesn't give it added leverage with the
12
     manufacturers?
13
               THE WITNESS: It does.
14
               But what I'm saying is, CVS had that leverage
15
     before the transaction.
16
               THE COURT: Not to the same extent.
17
               You just admitted yourself it's not the same to be
18
     subject to a contract that has to be renewed and
19
     re-negotiated and being owned?
20
               THE WITNESS: Oh, no, no, no.
2.1
               But what I --
2.2
               THE COURT: Very different.
23
               THE WITNESS: Well, yeah, a contract is different
24
     than being owned.
25
               But these are 12-year contracts.
```

```
1
               THE COURT:
                           Okay.
 2
               THE WITNESS: And when CVS goes to a
 3
     pharmaceutical manufacturer, those contracts are not
 4
     12 years long.
 5
               THE COURT: No.
 6
               THE WITNESS: They're negotiating that every year.
 7
               And that's where they're using that -- they can --
 8
     CVS can use that leverage of the 21 million lives of Aetna.
 9
     They were doing it before the vertical transaction.
10
     after the transaction, it's going to be the same thing.
11
               That's why I don't see the bargaining leverage
12
     changing as a result of this transaction.
13
               THE COURT: So the PBM business.
14
               THE WITNESS: On the PBM side.
15
               Now, there's another reason, right, why
16
     I don't think a CVS PBM is a must-have PBM, which is the
17
     first step if you're going to have foreclosure, and that is
18
     for -- if you think about the CVS PBM customers, for
19
     example, health plans, is the CVS PBM really a must-have?
20
     Can they do business without the CVS PBM? Or must they have
2.1
     a contract with the CVS PBM?
2.2
               And the reality of what happens in the marketplace
     is that many health plans don't have to use a CVS PBM.
23
24
     was the debate, of course, as you know, in AT&T-Time Warner,
25
     which is, could a cable company, could Comcast or Dish do
```

business without CNN or HBO? 1 2. What we see here is many health plans don't use a 3 CVS PBM. If you look at the state -- the states, the 4 largest states, I -- many of them, if not most of them, 5 don't use the CVS PBM. 6 THE COURT: Which ones do you have in mind? 7 THE WITNESS: Well, I don't have -- well, I think 8 almost all of the states do not use the CVS PBM, especially 9 the big ones. I don't have that. 10 THE COURT: When you say "the big ones," you mean 11 like California or something? 12 THE WITNESS: Yeah, California. Probably 1.3 New York. I don't have the --14 BY MR. COWIE: 15 So, Dr. Wu, to test whether CVS/Caremark is a 16 must-have PBM, did you analyze internal bidding data of 17 CVS/Caremark? 18 Yes. The -- exactly. 19 So that's the other -- so one is -- there are 20 examples of health plans who don't even use the CVS PBM. 21 Second, if you look at the won and lost accounts, 2.2 just so you know how it works, a health plan will put their 23 PBM service contract up for bid and they'll send it out to 24 different PBMs. 25 CVS will bid, along with many others, and they're

only going to choose one. 1 2. So that's -- so when I look at the bids where CVS 3 wins the PBM and the bid that CVS loses, CVS loses --4 I mean, they lose bids all the time, and they'll lose to 5 Express Scripts, they'll lose to OptumRx, they'll lose to 6 MedImpact, they'll lose to Prime Therapeutics. So -- you'll 7 see this in the bidding records. THE COURT: Well, it's got 30 percent of the 8 9 market but not 100? 10 THE WITNESS: Yes. But they compete to keep that. 11 THE COURT: Right. 12 THE WITNESS: Right. 13 THE COURT: No question. 14 BY MR. COWIE: 15 Is your analysis that bidding data show that 0 CVS/Caremark often loses clients? 16 17 Yes, they sure do. 18 And have you observed there are more competitors Q 19 than just the so-called top three? 20 There are. 21 So some of them I just mentioned: 22 Prime Therapeutics, MedImpact. Navitus, it might not be a 23 name that you and I are familiar with. 24 THE COURT: It's not a common name. 25 THE WITNESS: Yeah, but they have some of these

1 state contracts. 2. BY MR. COWIE: 3 And, Dr. Wu, you heard the testimony yesterday 4 from AHF. Do you remember that? 5 Yes. 6 And you heard that AHF has vertically integrated 7 into health insurance? 8 Yes. 9 Do you know who AHF's PBM is? 10 AHF uses MedImpact, so that's another example. 11 And that's an example of a PBM outside the top three leaders? 12 1.3 Yes, it is. 14 Dr. Wu, you mentioned you worked on 15 Express Scripts/Medco. And that, I believe -- did that --16 was that resolved in 2012 or cleared in 2012? 17 Α Yes. 18 What did the FTC conclude about competition in the 19 PBM industry at that time? 20 Well, first of all, the FTC did not challenge the 21 transaction, so the challenge moved forward. 2.2 And the FTC concluded that competition in the PBM 23 marketplace was vigorous. 24 There were concerns, of course, which is why they

did the investigation, but their ultimate conclusion was

25

that it was vigorous. 1 2. And has competition increased since that time or 3 stayed the same? 4 It has increased. 5 So I'll give you an example. 6 If you look at the FTC's closing statement in 7 Express Scripts/Medco, you will find a dissent, okay, and by 8 one of the Commissioners. 9 And the concern there was at the time, there were 10 three big PBMs: CVS, Express Scripts, and Medco. 11 And there was concern about PBMs that were not in 12 the big three. And one of them was United Healthcare, which 1.3 had OptumRx. 14 THE COURT: Right. 15 THE WITNESS: And the concern was: Is OptumRx 16 really going to grow or is it going to stay small? 17 Okay. That was the concern, and I understand the 18 concern. 19 But we know what has happened, okay. United and 20 OptumRx is now one of the so-called big-three PBMs. 2.1 THE COURT: Yep. 2.2 THE WITNESS: They've grown tremendously. 23 We've seen MedImpact, for example. 24 MedImpact wasn't even mentioned as a player in 25 2012. They went from not showing up on pie charts, where

you're listing PBM competitors, where now we see them on pie 1 2. charts. 3 So that's an example of -- if you just look at the 4 reality of what's happening in the marketplace, that's the 5 reality. 6 BY MR. COWIE: 7 Has there been any -- well, you mentioned United's Q 8 expansion. Has there been any entry in PBMs since 2012? 9 There has been. 10 I'll just give you a couple of examples. In January of this year, Anthem, which is one of 11 12 the big Blue Cross/Blue Shield plans in the country --1.3 THE COURT: Right. 14 THE WITNESS: -- they announced that they are 15 launching their own PBM called IngenioRx. 16 THE COURT: Say it again. What's the name of 17 that? 18 THE WITNESS: It's called Ingenio, I-n-g-e-n-i-o, 19 capital R-x. 20 THE COURT: Ingenio. 2.1 THE WITNESS: Ingenio. 2.2 Okay. Now, by its -- so that is an example of a health plan expanding into PBM services. 23 And what they told everyone in a press release in 24 25 January is that they have cut off Express Scripts to -- and

```
this is their solution to that.
 1
 2.
               So that is an example from just this year.
               Last year, there is another one. I think it's
 3
 4
     called Advanced Rx PBM. It has -- it announced the
 5
     partnership with a health plan called Centene.
 6
               And, again, it just shows --
 7
               THE COURT: Oh, Centene wants to buy WellCare --
               THE WITNESS: Yes, it does.
 9
               THE COURT: -- apparently.
10
               THE WITNESS: It does.
11
               But this is -- but this is part of -- if we step
12
     back and think about what are these health plans doing, they
1.3
     are finding ways to organize their services.
14
               You know, this is -- by the way, what we see from
15
     Anthem and IngenioRx is exactly what happened in 2012, where
16
     if you look at United, United had been using Medco for PBM
17
     services.
               THE COURT: Right.
18
19
               THE WITNESS: OptumRx was their in-house solution
20
     that allowed them to get away from Medco and to start up.
2.1
     So we saw that in 2012. We're seeing it in just 2019.
2.2
               THE COURT: Yes.
23
     BY MR. COWIE:
24
               So, Dr. Wu, have you concluded that CVS/Caremark
25
     is not a must-have PBM?
```

- 1 A Yes, I have.
- 2 Q And is that based on your review of the bidding 3 data?
- A It's based on my review of the bidding data from the CVS PBM.
- It's reviewed -- based on my review of the entry
 that's occurred and three examples of companies that don't
 even use a CVS PBM.
- 9 MR. COWIE: Tab 3, Your Honor, contains a table summarizing some very thick contracts.
- 11 BY MR. COWIE:
- 12 Q Dr. Wu, what is the source for tab 3?
- A The source for tab 3 are the actual contracts, and there are two contracts. One is a contract that CVS has entered into with Aetna for the supply of PBM services.
- That's a 2011 agreement with various amendments over the years.
 - And the second is the 2015 contract between CVS PBM and WellCare for the provision of PBM services.
- Q And it's your understanding the Aetna CVS/Caremark
 contract begins in 2011 and was amended several times?
- 22 A Yes.

18

19

- Q Do you recall yesterday hearing Professor Sood quote from the press release in 2011?
- 25 A Yes.

Now, you've gone beyond the press release and read 1 2. the actual contracts and the amendments over time, correct? 3 I'm not a lawyer, but I did wade through those 4 contracts, yes. 5 And in fairness to Professor Sood, these contracts 6 are not public, right? 7 They are not public. 8 Dr. Wu, there were some questions yesterday about 9 who decides, the PBM or the insurer, in terms of what 10 pharmacies are included or what drugs are covered. 11 Now, health insurers are customers of PBMs, health 12 insurers like CVS and WellCare, correct? 1.3 Yes. 14 And private employers, say, Marriott, they may be 15 a customer of a PBM? 16 Yes. Health -- yes. 17 And state governments and unions are customers of 18 PBM? 19 Yes, that's right. Α 20 How is it decided between the PBM and its 21 customers what pharmacies are included in a network? 2.2 Let's do pharmacies first and then we can do drug 23 coverage. 24 Those decisions are made by the customer; that is, 25 the health plan or the employer.

And the -- I think the best way to understand it is, ultimately, it's the employer that's trying to figure out how to give their employees health plan and pharmacy benefits so they get to choose what they want their employees to have. And health plans are doing the same thing because they're creating health plans that they also want to sell. So they're making the decisions. What the CVS companies of the world do is that they help arrange different networks. So, for example, on the pharmacy side, CVS might create multiple pharmacy networks that they would offer like a menu in a restaurant to an employer or to a health plan. Okay. So there are maybe networks they could offer. They could offer a network where they say, Here's a network. And guess what, employer. Your employees can go to all 70,000 pharmacies in the entire country. Fantastic. Okay. But CVS also might construct a network that's narrower. So let's say they haven't -- maybe there's only 50,000 pharmacies. Okay. And they might say to the employer, Well, here's another pharmacy network --THE COURT: Is that a hypothetical or is that

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1.3

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2.2

23

24

25

real?

Do they actually go to insurers and say, Our

network that we're proposing is the entire pharmaceutical
network of the nation, 30,000 pharmacies? Do they actually
do that?

THE WITNESS: There are broad networks and narrow networks.

THE COURT: I understand that.

2.2

I'm asking you a specific question: Have you ever heard of a situation where a PBM was in a competition with another PBM to get the business of an insurer and they propose as their network the entire nation's pharmaceutical companies, pharmaceutical outlets? That 70,000 is the entire nation.

THE WITNESS: Yeah. That's called true -- there are -- I believe there are networks where you have that choice.

But this is a tradeoff.

Just to be clear, there's a tradeoff here that's being made because, for CVS, when they negotiate a contract with a pharmacy, they may say, I'm going to make, say, the 50,000 pharmacies the preferred pharmacy in this network; and as a result, they say to the pharmacy that they will get more volume. And in return for more volume, can we have lower prices?

THE COURT: So what's your understanding of what it is when PBMs compete with one another to get the business

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of an insurer -- insurance company or a state employee, a
 1
 2
     union, or whatever it is that they're trying to -- what is
 3
     it they're offering in order to entice the other side to get
 4
     the business? Isn't one of it the network that they're
 5
     offering?
 6
               THE WITNESS:
                             Yes.
 7
               So one is pharmacy network --
 8
               THE COURT: That they're offering.
 9
               THE WITNESS: Which is what network pharmacies can
10
     the subscriber go to?
11
               THE COURT: And the other is the prices?
12
               THE WITNESS: And then depending on the network, a
1.3
     network will have a different price.
14
               So if a network allows employees to go to any
15
     network in the country, that's probably going to be at a
16
     higher price than a network that's narrower where the
17
     employer may say, You know what? I'm trying to have a more
18
     cost-effective health plan, so I'm going to go with the
19
     lower price. But in return, my employees can go to 50,000
20
     pharmacy, not 70-.
2.1
               But that's the price volume tradeoff.
2.2
               And pharmacies like it because they're willing to
     accept lower price for the volume.
23
24
               Employers like it because they can offer their
25
     employees a lower-cost benefit.
```

And the PBMs of the world help make that possible 1 2 by saying, Here are my different networks that you can 3 choose from. You can have a broad network, a medium 4 network, or a narrow network. 5 THE COURT: And how about the options in terms of 6 what drugs are covered? 7 THE WITNESS: Yes. 8 THE COURT: Who also -- who also makes that 9 presentation? The PBM makes, as part of its overture, sets 10 forth what drugs would be covered. 11 THE WITNESS: Yes. 12 So that's the same thing, too. 13 So the PBM will go to the manufacturers, and they 14 also will be constructing what -- well, the word is called 15 "formularies." They'll be constructing formularies. THE COURT: Right. 16 17 THE WITNESS: And a formulary, as you probably 18 know, are just lists of drugs that are going to be covered 19 by the benefit, okay. THE COURT: Right. 20 2.1 THE WITNESS: So, again, it's the same thing. 2.2 The PBM can offer the employer or a health plan a 23 broad formulary, where they might say, you know, employees 24 can get the branded drug and the generic drug, whatever the

doctor says or whatever the pharmacist says is fine, okay.

That would be a broad formulary.

THE COURT: So in a co

1.3

2.2

THE COURT: So in a competition with other PBMs, each PBM seeking to get the business will come up with a program that it believes will give it the advantage to get the contract, right?

THE WITNESS: Right.

THE COURT: So it's not really that the insurance companies' making a specific bottom-line demand that they have to do X, Y, and Z?

THE WITNESS: No.

Well, it's not the employers making a demand but the employers that have the choice, and they ultimately decide what kind of plan or benefit do they want to offer their employees.

The PBM is just offering a menu. It's like a restaurant.

THE COURT: Well, then, what gives a competitive advantage to one PBM over another? In their competition.

THE WITNESS: Well, so what -- so it's a combination of price and combination of how attractive the formulary is and how attractive the pharmacy is.

THE COURT: So will the CVS PBM be stronger as a result of having those 21 million Aetna customers under its umbrella?

In the 7900 pharmacies that they have nationwide,

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won't they be stronger with those two combined?
 1
 2.
               THE WITNESS: So I don't think so, because --
 3
               THE COURT: You don't think so?
 4
               THE WITNESS: I don't think so, because when
 5
     CVS --
 6
               THE COURT: Did Justice evaluate that issue?
 7
               THE WITNESS: My understanding is that they did.
 8
               THE COURT:
                           They did.
 9
               Did you see their analysis of it in writing?
10
               THE WITNESS: I have not. That's -- I believe
11
     that's confidential.
12
               THE COURT: If they did it in writing, the Court
1.3
     sure as heck should have it.
14
               THE WITNESS: But they did mention in their
15
     comments that they do not think foreclosure is an issue.
16
               But I don't think that transaction changes a
17
     leverage for the CVS PBM when it comes to negotiating or
18
     developing the formularies.
19
               And nothing changes on the pharmacy side either.
20
               THE COURT: What do you mean by that?
21
               THE WITNESS: Meaning before the transaction, CVS
2.2
    had its pharmacies and its list of -- and there's different
23
     pharmacy networks.
24
               Having Aetna does not give it more pharmacies or
25
     anything like that.
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THE COURT:
 1
 2.
     BY MR. COWIE:
 3
               Dr. Wu, I think Judge Leon made a comment
 4
     yesterday that most folks don't understand the details of
 5
     PBMs. Would you agree that most folks don't know how PBMs
 6
     operate?
 7
               (Cellular telephone ringing.)
 8
               THE COURT: Maybe that's a California thing.
 9
     A Florida thing, I should say.
10
               Ask your question over.
11
     BY MR. COWIE:
12
               Dr. Wu, would you agree most folks don't
1.3
     understand the details of how a PBM operates?
14
               THE COURT: I think I said they don't even know
15
     what a PBM is, let alone how it operates. They don't --
16
     they've never heard of it.
17
               MR. COWIE: Most --
18
               THE COURT: I've already admitted, I never heard
19
     of it before I got this case. Never heard of a PBM, didn't
20
     know what it was. Never heard of it.
2.1
               THE WITNESS: I would agree that --
2.2
               THE COURT: How about you?
23
               THE WITNESS: Well, I know about PBMs.
24
               THE COURT: You've been working in this industry a
25
     long time.
```

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THE WITNESS:
 1
                             Right.
 2
               But my mom probably would not know what a PBM is.
 3
               THE COURT: No, she probably wouldn't. That makes
 4
     sense.
 5
     BY MR. COWIE:
 6
               So, Dr. Wu, do you understand that a PBM customer,
     say the state of Maryland, say Marriott, would -- hires
 7
 8
     experienced professionals that understand medical benefit
 9
     contracts, they understand pharmacy benefit contracts?
10
               Yes, Your Honor.
11
               There is a -- well, we can count on the
12
     marketplace to resolve gaps in information, and that's
1.3
     exactly what's happened.
14
               There is a huge industry of consultants whose job
15
     it is to help employers and health plans negotiate the way
16
     health plan benefits are offered in this country.
17
               THE COURT:
                           Including your company.
18
               THE WITNESS: Mercer.
19
               THE COURT: Yes.
20
               THE WITNESS: Is a sister company.
                                                    They do
     exactly this.
21
2.2
               And that is their job, to wade through -- to do
23
     two things; wade through the options and to help employers
24
     and health plans actually make this choice. What do you
25
     want? What kind of health plan do you want? What benefits
```

- do you want? And then they negotiate, in a smart way, for the employer, right.
- THE COURT: Okay.
- 4 BY MR. COWIE:

8

9

10

11

12

1.3

14

15

16

- 5 Q Dr. Wu, would you focus again on tab 3 for a 6 moment.
 - Why are you comparing the contract of CVS/Caremark with Aetna and the contract of CVS/Caremark with WellCare?
 - A Well, first, I wanted to understand what that arrangement was, and I wanted to compare that to the WellCare arrangement, because I want to understand, is WellCare -- as a buyer, is it in the same position as Aetna, is it in a worse position, better position, because that will help us evaluate whether WellCare, as a buyer, is as suitable as Aetna was.
 - Q And how does the relationship compare, having reviewed the contracts?
- 18 A They are very comparable, and that's what this 19 chart shows.
- If I had to summarize it, I think about it this
 way. I think about Aetna, for example, doing -- well, let
 me start over.
- What this chart has is, there are a number of core functions of a PBM. There's some things that Aetna will do.
- 25 | There's some things that CVS PBM will do.

And roughly, even though it's thousands of pages, 1 2 I'm going to boil it down to --3 THE COURT: Thousands? 4 THE WITNESS: It's -- thousands? It's a huge --5 it's a big contract. 6 I would boil it down to, what Aetna does is mostly 7 functions related to customer-facing activities. 8 THE COURT: What does that mean, customer-facing 9 activities? 10 THE WITNESS: Well, they'll do things like they 11 might help -- they might contract on -- they might work on 12 the pharmacy network or customer service. 13 So for a PBM, their employees might need help. 14 So they'll handle -- Aetna will handle the, like, customer 15 service and make decisions on what -- like we were just 16 talking about, what decisions should be made regarding the 17 formulary, right. 18 THE COURT: So if one of their insured goes to a 19 pharmacy and has a problem getting the drug or the price, 20 the co-pay is too high or whatever, Aetna would be the one 2.1 who took the call as to the concern or the problem that the 2.2 insured had and would, in turn, interact with the PBM to 23 figure out how it is or why it is that the co-pay is 24 different than they thought it would be? Is that the kind 25 of thing you're talking about?

```
1
               THE WITNESS: Yeah, yeah, exactly.
 2.
               THE COURT: Okay.
 3
               THE WITNESS: And then the CVS/Caremark PBM,
 4
     they'll do what I'll call the guts of a PBM.
                                                    It's like
 5
     Intel with chips. It's Intel inside. It's basically
 6
     Caremark inside.
 7
               So Caremark would be the one that would negotiate
 8
     with a -- with the pharmaceutical manufacturers. So that
 9
     would be a CVS responsibility, not an Aetna responsibility.
10
               THE COURT: Right.
11
               THE WITNESS:
                             Okay.
12
               So it's Caremark inside, Aetna on the outside.
13
               So the boxes that -- when a drug -- if a
14
     subscriber were to get a delivery, you'll have Aetna on the
15
     outside, and Caremark is the one who actually shipped it,
16
     for example, or arranged for the actual drug to get to that
17
    patient.
18
               And WellCare is exactly the same way.
19
               So WellCare has those functions to do the -- what
20
     I've been calling the customer-facing function.
2.1
     BY MR. COWIE:
2.2
               Dr. Wu, the bottom of this chart refers to a
23
     firewall.
24
          Α
               Yes.
               Are there firewall terms in each contract?
25
```

Yes, there are firewall terms in both contracts. 1 And how do -- do you have an understanding of how 2 3 they operate? 4 I do. 5 Firewalls are important here. It's important for 6 both CVS and it's important for Aetna and WellCare. 7 Look, Aetna knows CVS has a PDP plan. It doesn't 8 want its competitive information being passed along 9 accidentally or any other way to SilverScript, okay. So it 10 wants a firewall. 11 CVS wants a firewall, because if you step back and 12 look at the CVS PBM business, it's Caremark inside for so 1.3 many health plans. The Caremark inside business is a 14 \$36 billion business, okay, not including Aetna. That's the 15 magnitude of the Caremark inside business. 16 THE COURT: What do you mean by that? 17 THE WITNESS: Meaning --18 THE COURT: Caremark PBM business? 19 THE WITNESS: Yes. 20 For Caremark as a customer, they -- serving health plans, not just their own, is a huge part of their business. 21 2.2 They want the firewall, because they have to --THE COURT: A huge part of CVS's business? 23 THE WITNESS: Yes, CVS PBM's business, right, 24 25 because that's the Caremark inside part of it, as opposed to

```
1
     other -- as opposed to CVS.
 2.
               THE COURT: Be careful with this use of "inside"
 3
     thing.
 4
               THE WITNESS: Oh, okay.
 5
               THE COURT: You know, you're making an analogy to
 6
     Intel or something.
 7
               The CVS PBM that operates with Caremark is -- when
 8
     you say "inside," you mean there are negotiations with
 9
    manufacturers and wholesalers and network assembling, right,
10
     as opposed to Aetna customer service?
11
               THE WITNESS: Yes.
12
               THE COURT: Okay.
13
               So don't use the word -- be careful how you use
14
     the word "inside." It's confusing.
15
               THE WITNESS: Okay.
16
               THE COURT: You're talking about CVS/Caremark's
17
     negotiations with manufacturers, wholesalers and network
18
     assembling, right? That's the "inside" you're referring to?
19
               THE WITNESS: Along with many other functions.
20
               THE COURT: Okay. Tell me some of the others.
2.1
               THE WITNESS: So the other functions would be a
2.2
    mail-order pharmacy.
23
               THE COURT: They do -- 40 percent of their
24
    business is mail order, isn't it, CVS, the pharmacy part?
25
     40 percent? It's a pretty big part of their business, isn't
```

```
it?
 1
 2
               THE WITNESS: It's -- yeah, I don't recall the
 3
     number, but it's --
 4
               THE COURT: Okay.
 5
               THE WITNESS: -- it's something, I think --
 6
     I think that's something that they wanted to grow and
 7
     develop.
 8
               THE COURT: What other kinds of things, inside?
               THE WITNESS: Caremark -- or CVS/Caremark will do
 9
10
     claims processing.
11
               So fundamentally, there's a lot of IT involved
12
     here. So that's a huge part of just the administration.
13
               THE COURT: Okay.
14
               THE WITNESS: So it's contracting with pharmacies,
15
     it's pharmaceutical manufacturing negotiations, could be the
16
    mail order, claims processing, so that would be part of it.
17
               So I -- so that's -- so -- but --
18
                           So they're competing -- at that point,
               THE COURT:
19
     pre-merger, they're competing with Aetna's PBM? Pre-merger?
20
               THE WITNESS: No. So that's where it's not that
21
     they're competing with Aetna's PBM.
2.2
               THE COURT:
                           They are in a PBM, excuse me.
               THE WITNESS: With whose --
23
24
               THE COURT: Aetna's.
25
               THE WITNESS:
                             No.
```

```
So Caremark is not competing with Aetna for their
 1
 2
           They're helping Aetna go to the world to say, We have
 3
     an Aetna PBM.
 4
               So Aetna is telling -- it's selling its health
 5
     plan. And it's saying, We also have a PBM, along with the
 6
     health plan benefits. So that's what they tell the
 7
     employers.
 8
               But that Aetna PBM is really what we see on this
 9
     chart, which is a combination of what Aetna does and what
10
     Caremark does.
11
               THE COURT: Pre-merger there, Aetna is using
12
     CVS/Caremark's PBM?
13
               THE WITNESS: Yes, for some of the -- for the
14
     services that are on this slide.
15
               THE COURT: But they also have their own PBM,
16
     don't they, pre-merger?
17
               THE WITNESS: No, they don't.
18
               THE COURT: They don't have their own?
19
               THE WITNESS: No.
20
               This is -- the CVS-Aetna agreement is essentially
21
     creating what we know or what we see as the Aetna PBM.
2.2
               THE COURT:
                           Okay.
23
               Why don't we take a five-minute break. My court
24
     reporter is working very hard. And he's been doing this for
25
     an hour now, and I think he deserves a break.
```

```
So we'll come back in about five minutes, five or
 1
 2
     ten minutes. And we'll go till 1:00 or roughly -- we'll get
 3
     you your second hour in when we return, okay?
 4
               THE WITNESS:
                             Okay.
 5
               THE COURT: Very good.
 6
               THE WITNESS: Thank you.
 7
               THE COURT: You can step down.
               DEPUTY CLERK: All rise.
 8
 9
               (Recess from 11:58 a.m. to 12:20 p.m.)
10
               DEPUTY CLERK: All rise. This Honorable Court is
11
     again in session. Please be seated and come to order.
12
     BY MR. COWIE:
13
               Dr. Wu, pre-merger, has Aetna operated a PBM
14
     business?
15
          Α
               It has not.
16
               Have you reviewed CVS documents to see who
17
     CVS/Caremark views as a competitor in the PBM space?
18
          Α
               Yes, I have.
19
               And have you reviewed the bidding data of the
20
     win-loss data to see who CVS used as a competitor in the PBM
21
     space?
2.2
               I have.
23
               Does that evidence show whether CVS views Aetna as
24
     a competing PBM?
25
          Α
               They do.
```

1 And CVS does not view Aetna as a competitor in the 2. PBM market. 3 Is Aetna a customer rather than a competitor? 4 Yes, it's a customer, or maybe a better term is it 5 is a re-seller of CVS's PBM services. 6 0 So going back --7 THE COURT: Explain that. 8 THE WITNESS: Aetna is a re-seller of PBM services 9 in that when Aetna approaches an employer to compete for 10 health and pharmacy benefits, it wants to go to an employer 11 to say, I have a health benefits program and a pharmacy 12 benefits program. 13 This is pre-merger? THE COURT: 14 THE WITNESS: Pre-merger, yes. 15 And for the pharmacy benefits part of it, they 16 will offer the PBM services along the lines of the contract 17 that we talked about earlier. So that's the sense in which 18 Aetna is offering a PBM. 19 But it is re-selling the CVS PBM portion of it, 20 because, for Aetna's customers, they would not know that its 21 Caremark doing the pharmaceutical company negotiations and 2.2 all that. 23 THE COURT: Wouldn't it be on your card, your 24 insurance card? 25 THE WITNESS: I believe it would have "Aetna" on

```
it. So that's why -- I think it's "Aetna" on the outside
 1
 2
     and -- but CVS is part of it.
 3
     BY MR. COWIE:
 4
               So your view, Dr. Wu, is Aetna is a re-seller, a
 5
     re-seller of CVS/Caremark PBM services?
 6
               Yes. That was the --
 7
               THE COURT: If they're using it for PBM services,
 8
     they're contracting with them for that, right? So they're
 9
    paying them for it?
10
               I mean, they don't to that for free. CVS/Caremark
11
     does not give PBM services for free, right?
12
               THE WITNESS: That's right.
13
               THE COURT: So Aetna is paying them for those
     services?
14
15
               THE WITNESS: Yes.
16
               Yeah, okay. So that's why --
17
               THE COURT: So I don't know what you mean when you
18
     say they're re-selling it.
19
               THE WITNESS: Yeah. So it's -- yeah. So it's a
20
     complicated relationship.
21
               So on the one level, they're a customer, because,
2.2
     as you say, they are paying CVS for the PBM services.
23
               THE COURT: So there are negotiations for the
24
    pharmacy network --
25
               THE WITNESS: Yeah.
```

```
THE COURT: -- and all the other services they're
 1
 2
     providing.
 3
               THE WITNESS: Yes.
 4
               THE COURT: They're paying for it.
 5
               THE WITNESS: Yes, they are paying for it.
 6
               I was just referring to the outward-facing part
 7
     for Aetna's health plan customers; that they may not know
 8
     who is actually doing the PBM work.
 9
     BY MR. COWIE:
10
               So when Aetna sells to a small employer,
11
     essentially they're re-selling Aetna medical insurance and
12
     CVS/Caremark PBM services?
13
               Yes. That was what I was trying to get at.
14
               Dr. Wu, have you assessed whether Aetna has plans
          0
15
     to enter and become a standalone PBM competitor?
16
               I have.
17
               Aetna --
18
               THE COURT: Pre-merger or now?
19
               MR. COWIE:
                          Pre-merger.
20
     BY MR. COWIE:
21
               Premerger, did Aetna have plans to become an
2.2
     independent PBM competitor?
23
          Α
               No, it did not.
24
               And you've reviewed the documents on that?
25
          Α
               Yes.
```

```
Dr. Wu, I think you recognized early today that
 1
 2
     pre-merger, CVS and Aetna competed in Medicare Part D,
 3
     correct?
 4
          Α
               Yes.
 5
               THE COURT: PDP competitors.
 6
               MR. COWIE:
                          PDP competitors.
 7
               THE COURT: Exactly.
 8
     BY MR. COWIE:
 9
               Is there any other product where Aetna and CVS
10
     competed pre-merger?
11
          Α
               No.
               That includes PBM services?
12
1.3
               Yes.
14
               MR. COWIE: Tab 4, Your Honor, contains a chart
15
     addressing a vertical theory.
     BY MR. COWIE:
16
17
               Now, Dr. Wu, what is your understanding of the
     critic's vertical theories?
18
19
               You know, they mention a couple of vertical
20
     theories. One has to do with selling an input that's a
21
     must-have input, to customers, and they focus on two such
2.2
     inputs, one being the PBM and one being the pharmacy
23
    network.
24
               And, Dr. Wu, have you reviewed this Court's
25
    May 13th order?
```

- 1 A Yes, I have.
- 2 Q And that describes a vertical theory, correct?
- 3 A It does.
- 4 Q And is this chart attempting to capture the theory described in that order?
- 6 A Yes.

8

9

10

11

12

13

This is addressing the concern that the CVS-Aetna entity may use the Caremark PBM, the CVS PBM, as leverage to disadvantage a PDP competitor in an effort to favor its own PDP plan.

- Q CVS is a PDP competitor in a business branded SilverScript. We can call it CVS/SilverScript, but that's how CVS competes?
- 14 A Yes.
- Q So premerger, CVS or SilverScript competed with Aetna in PDP, correct?
- 17 A Yes.
- Q And we heard from Professor Sood that Aetna has performed very well the last several years as a PDP competitor, correct?
- 21 A Yes.
- 22 And the data show that also.
- Q Have you seen any evidence that pre-merger

 Caremark tried to sabotage or harm Aetna in order to benefit

 its SilverScript PDP business?

- A No, I've not.

 Have you seen
 - Q Have you seen any evidence that CVS/Caremark misused information or violated firewalls in order to benefit the SilverScript business?
- 5 A I have not.

4

6

7

8

9

16

17

- Q And the evidence shows, as Professor Sood pointed out, that Aetna actually performed well during this long-term relationship with Caremark, correct?
- A Yes. And that is what the data show.
- 10 Q Now, the WellCare arrangement with Caremark goes
 11 back to 2015, correct?
- 12 A Yes.
- Q And WellCare has been a PDP competitor of CVS/SilverScript, correct?
- 15 A Yes.
 - Q Have you seen any evidence from the critics or in your evaluation showing that Caremark has undercut WellCare to benefit SilverScript?
- 19 A I've not seen anything of the sort.
- 20 Does this merger change any of the incentives?
- 21 A It does not.
- 22 Prior to the merger and the divestiture, we have a 23 situation where CVS is providing PBM services to a PDP plan 24 where everyone knows that CVS also has a -- its own PDP 25 plan.

1 THE COURT: Right.

1.3

2.1

2.2

THE WITNESS: The potential for vertical foreclosure was there. But we do not see any, and I do not see any, evidence of foreclosure, and we see Aetna being successful.

With the divestiture, all of Aetna's PDP assets basically get transferred to WellCare. Same assets, different name.

SilverScript is still there. CVS is still performing the same services to WellCare as it was performing to Aetna.

THE COURT: Dr. Sood talked about how they can only use the Aetna name until the end of this year.

And then, of course, the relationships with these 65-year-old Medicare Part D people is a year at a time.

And so there's a risk that when they can no longer use the Aetna name, they have to switch to WellCare, that they're going to start losing those customers. And CVS, of course, is hoping to pick up those customers. Well, one would have to logically assume that since they're competitors, right?

So he, Dr. Sood, expressed great concern, especially as indicated by the price at which WellCare bought the business, suggesting that they didn't expect to keep all those customers in perpetuity, that they would lose

```
a lot of those customers, and that WellCare would be
 1
 2
     perfectly -- excuse me, that CVS would be perfectly
 3
     positioned to pick them up.
 4
               Do you disagree with his analysis in that regard?
 5
               THE WITNESS: I do, because I think I have facts
 6
     that he does not know.
 7
               THE COURT: Well, tell us them.
 8
               THE WITNESS: I'll just give you an example.
 9
               THE COURT: Tell me them.
10
               THE WITNESS: One key aspect of Dr. Sood's
11
     analysis has to do with retention rates.
12
               THE COURT: Uh-huh.
13
               THE WITNESS: Okay.
14
               And Dr. Sood raises a fine point, but he is
15
     speculating as to what the retention rate is.
16
               When I've looked at this issue, probably the best
17
     way I can describe my conclusion is from an example of an
18
     acquisition of a PDP plan that CVS did in 2016. They bought
19
     or acquired a PDP plan called Torchmark.
20
               THE COURT: What's it called?
2.1
               THE WITNESS: Torchmark.
2.2
               THE COURT:
                          Torchmark.
23
               2016?
               THE WITNESS: Yes.
24
25
               THE COURT:
                           Okay.
```

```
THE WITNESS: In modeling that transaction, CVS
 1
 2
     looked at the retention rates of prior transactions. Is it
 3
     100 percent? 50 percent? Lower?
 4
               And in looking at the data, they found retention
 5
     rates, on average, of 95 percent.
 6
               And I view that as significant because that is the
 7
     number that they use when they model a PDP acquisition.
               So I don't think that there is a retention rate
 8
 9
     issue to the extent that Dr. Sood does.
10
               THE COURT: Would you agree with Dr. Sood that
11
     there's a clear advantage, from a branding point of view, of
12
     Aetna versus WellCare?
1.3
               THE WITNESS: I don't because --
14
               THE COURT: You think WellCare has a comparable
15
    brand to Aetna? The second or third largest insurance
16
     company in the United States?
17
               THE WITNESS: Well, before I studied the PDP
18
    market, I'm not sure I even knew the brand name
19
     SilverScript.
20
               THE COURT: Yeah, but Aetna now, come on.
                                                          You've
21
     known about the existence of Aetna for -- through your whole
2.2
     adult life, probably. It's one of the biggest brands in the
23
     insurance industry; it's one of the top two or three.
               THE WITNESS: But if I recall --
24
25
               THE COURT:
                           Okay.
```

```
THE WITNESS: -- the Aetna PDP plan, I don't know
 1
 2
     that is branded as Aetna. I believe it might be branded as
 3
     an AARP plan.
 4
               But there's a brand -- I -- well --
 5
     BY MR. COWIE:
 6
               Dr. Wu, Aetna's PDP plan is branded as Aetna as
 7
     far as you understand?
 8
          Α
               Okay.
 9
               THE COURT: Thank you.
10
     BY MR. COWIE:
11
               But there -- there are successful PDP plans with
12
     brands like SilverScript and Express Scripts and others who
1.3
     may not be household names, correct?
14
               Yeah, there are.
15
               THE COURT: Go ahead, finish your thought, unless
16
     you've maybe finished it.
17
               THE WITNESS: Well, you had asked the question
18
     about the price, but maybe there's --
     BY MR. COWIE:
19
20
               Well, just so -- on the retention rates, you've
21
     reviewed ordinary course of business records showing
2.2
     95 percent retention rates --
23
          Α
               Yes.
24
          Q
               -- correct?
25
               And Professor Sood has not cited any data or
```

documents supporting any particular retention rate, correct? 1 2. Correct. 3 As Judge Leon mentioned, Dr. Sood and others have 4 suggested the purchase price, the 107 million purchase 5 price, is too little. 6 What is the significance in remedy analysis or 7 antitrust analysis of the purchase price? Well, first of all, I don't think the purchase 8 9 price is too low, and I base that opinion based on analysis 10 that CVS has done in the context of doing sales and 11 acquisitions. 12 And WellCare is paying CVS basically \$50 per 1.3 member for the Aetna assets. 14 When I look at other acquisitions and -- I will 15 see that \$50 per member is within the range of prior sale 16 prices. 17 A recent example is when CVS acquired the PDP 18 lives from a health plan called Health -- called CareFirst, 19 and I believe the purchase price there was \$40 per member. 20 So there's a wide range. There are many things 21 that go along with the assets, but it's within the range. 2.2 So first of all, it's within the range. And second of all, price itself doesn't mean that 23 24 WellCare -- whatever the price, WellCare still has strong 25 incentives to compete with the assets that it acquired.

```
The only problems might be if a low price signals
 1
 2
     somehow that the assets are not valuable.
 3
               But in this case, the assets that WellCare is
 4
     getting is the whole Aetna PDP business, that is it. It's
 5
     not --
 6
               THE COURT: It's 2 million customers.
 7
               THE WITNESS: Yes, 2 million customers.
 8
               It's not being carved up as one might be concerned
 9
     in, say, prior divestitures --
10
               THE COURT: Well, it probably enhanced its value
11
     to Centene.
12
               Maybe it was already in play behind the scenes
1.3
     that we don't know about with Centene.
14
               I don't know if they were or they weren't, but
15
     obviously Centene is trying to acquire them or has acquired
16
     them. It hasn't been approved yet by DOJ.
               THE WITNESS: Yes. So I don't know about that
17
18
     either.
19
               THE COURT: I don't either, but maybe I'll get it
20
     as a related case.
21
               Sorry, guys.
2.2
    BY MR. COWIE:
23
               On this contention that the price was too little,
24
     you reviewed past transactions and studied the actual
```

purchase price from past transactions?

```
I did.
 1
 2.
               Has Professor Sood done that?
 3
               I do not. --
               THE COURT: If you know.
 5
               THE WITNESS: I don't know but --
 6
               THE COURT: You don't know.
 7
               THE WITNESS: It's like a confidential
     information.
 8
     BY MR. COWIE:
10
               Is it in his presentation?
11
               It is not.
12
               And in fairness to Professor Sood, that
1.3
     information may not be publicly available, correct?
14
               THE COURT: It may not be.
15
               THE WITNESS: That's right.
16
     BY MR. COWIE:
17
               Dr. Wu, Judge Leon asked an important question of
18
     Professor Sood yesterday, bearing on foreclosure analysis.
19
     The question is, What portion of CVS Health is the
20
     SilverScript or Part D business?
2.1
               Do you have an understanding of that?
2.2
          Α
               I do.
23
               About what portion on a revenue basis?
24
               SilverScript has revenues of around $3 billion.
25
     That's around 1 percent of the entire CVS business.
```

- Q Does revenues from the Care -- from the WellCare contract that -- CVS/Caremark's contract with WellCare more than double the SilverScript revenues?
 - A Yes.
- Q And that's just that one contract?
- 6 A Yes, just that one contract.
- 7 THE COURT: So over 6 billion?
- 8 THE WITNESS: Yes, correct.
- 9 MR. COWIE: Yeah.
- 10 BY MR. COWIE:

2

3

4

5

17

18

19

20

21

2.2

23

- Q And just for the record, the exact sum is

 confidential, so I'd like you to just refer to it being more

 than double.
- 14 A Yes, to clarify, it's more than double.
- Q And what is the significance of that for a foreclosure analysis?
 - A That fact is significant because one of the key aspects of foreclosure is that foreclosure, if it's going to have an anti-competitive effect, has to be profitable. And when a company is considering, in theory, whether it should engage in a strategy of foreclosure, it has to weigh two things; it has to weigh the loss of profits that you would get from the blacked-out -- from the sales that it would not get from the blacked-out input.
- And in return, it's hoping to make more money when

```
the blackout leads customers to end up going to its favored
 1
     downstream entity. So in this case, SilverScript.
 2
 3
               So, again, thinking very broadly, one would have
 4
     to question whether foreclosure is a profitable strategy
 5
     here because the Well -- if the WellCare contract is over
 6
     double the revenues of SilverScript, the gain to
 7
     SilverScript -- the strength it would put at risk is a much
 8
     bigger business on the PBM WellCare side to support a
 9
     business that's fairly small.
10
               The other way I've thought about this is --
11
               THE COURT: So it wouldn't be the incentive to
12
     CVS/Caremark's PBM business to advantage the SilverScript
13
     customers over the WellCare PDP customers?
14
               THE WITNESS: Yes, because --
15
               THE COURT: Is what you're saying?
               THE WITNESS: Yes, because the PBM business --
16
17
               THE COURT: More profitable?
18
               THE WITNESS: More -- and bigger. This is --
19
               THE COURT: I think the revenue, CVS revenue,
20
     Caremark revenue was 36 billion, PBM?
2.1
               THE WITNESS: Yes.
2.2
               Not including Aetna.
23
               So that's exactly right for the combined entity;
24
     that what's going to be at risk if it engages in a
25
     foreclosure strategy is $36 billion of the health plan PBM
```

```
business, which is a huge part of the overall CVS PBM
 1
 2.
     business.
 3
     BY MR. COWIE:
               So, Dr. Wu, the 36 billion, that is just
 5
     CVS/Caremark's revenue to health insurers, correct?
 6
          Α
               Yes.
 7
               Total revenue of CVS/Caremark is more than that?
               THE COURT: Of PBM business?
 8
 9
     BY MR. COWIE:
10
          0
               Correct.
11
               Total CVS/Caremark PBM business is over 100
12
     billion, correct?
1.3
          Α
               Right.
14
               You mentioned the 36 billion because the
15
     foreclosure strategy is you're going to sabotage those --
16
     that business to benefit SilverScript, correct?
17
          Α
               Right.
18
               And to Judge Leon's point, you don't -- it doesn't
19
     make -- from a financial incentives analysis, you don't
20
     think that makes sense?
2.1
               I don't think that makes sense.
2.2
               But that's also the tradeoff that --
23
               THE COURT: That would be cutting off your nose to
24
     spite your face. You know that expression?
25
               THE WITNESS:
                              I do. My wife says that to me all
```

```
1
     the time.
               THE COURT: Well, there you go. She's a smart
 2
 3
     lady.
 4
               THE WITNESS: Yes, she is.
 5
     BY MR. COWIE:
 6
               Dr. Wu, do you have an understanding of when this
 7
     CVS/Caremark contract with WellCare expires?
 8
               The contract expires in 2020.
 9
               Oh, wait, say that again. Which one, which
10
     contract?
11
               Is your understanding that the CVS/Caremark
12
     WellCare contract expires at the end of calendar year 2020?
1.3
               Yes, at the end of calendar year 2020.
14
               THE COURT: The PBM contract.
15
     BY MR. COWIE:
16
          Q
               Right.
17
               So the WellCare PBM contract with CVS/Caremark
18
     runs through 2020, correct?
19
          Α
               Yes.
20
               So WellCare has pricing locked in for 2019,
21
     correct?
2.2
          Α
               Yes.
23
          Q
               And 2020?
24
          Α
               Yes.
25
               And it has service levels or performance
```

commitments locked in through 2020? 1 2. Yes. 3 Dr. Wu, I'd like to discuss WellCare's options for 4 after 2020. 5 Your Honor, tab 5 refers to some recent actions by 6 WellCare. 7 Dr. Wu, what do you see as WellCare's options as a 8 customer, as a PBM customer, for 2021 and later? 9 WellCare has already announced that it is going to 10 put that PBM contract up for bid through an RFP, or request 11 for a proposal. So that's the announced plan. 12 And --13 THE COURT: How much time does that usually take? 14 Is that about a year lag time? Ten months? To do the 15 negotiation, to get the bids and get the negotiations done? 16 THE WITNESS: I -- let's see. From what I recall 17 from analyses I've done in the past, I think it can vary. 18 But I might guess a year on average, but that --19 THE COURT: So if it's the end of 2020, probably 20 sometime at the end of this year, they'll put it out to bid, 21 so to speak? 2.2 THE WITNESS: Well, that would make sense, yeah. 23 So they've already announced that they would do 24 that. 25 And the nature of that can vary, because the

```
options are obviously sending the RFP to other PBMs.
 1
 2.
               They also could negotiate over what services are
 3
     being done in-house and what they outsource.
 4
               So if we go back to one of the earlier charts
 5
     where we look at the PBM businesses and how they're
 6
     allocated between WellCare and CVS, they could change that
 7
     mix, too.
 8
               And I think that's part of what WellCare can do
 9
     since they also have PBM capabilities.
10
               And that's what is shown in this tab 5.
11
     BY MR. COWIE:
12
               Are you referring to WellCare spending 2.5 billion
13
     to buy a PBM in 2018?
14
               Yes, that's right.
15
               And, Dr. Wu, this has an image of a WellCare SEC
          0
16
     filing.
17
               Do you see that?
18
          Α
               T do.
19
               Yes.
          0
20
               Do you see they're actually telling the investing
21
     public they've added PBM capability?
2.2
          Α
               Yes, that's right.
23
               And we have two quotes from WellCare earnings
24
     calls.
```

Do you understand those are conference calls where

WellCare management is essentially speaking to Wall Street 1 2. to explain its business? 3 I do. 4 And WellCare management told Wall Street, they 5 told Wall Street there are many, many large PBMs that would 6 covet the WellCare business. 7 Do you see that? 8 Yes, that is right. 9 So that goes back to WellCare having the option of 10 sending their RFP to a number of competing PBMs. 11 From an economic perspective, how would an 12 incumbent like CVS/Caremark that has the business today 1.3 through 2020, how would an incumbent view this? 14 Well, an incumbent would view this as a threat. 15 And when I've looked at the won and lost account 16 business, there are losses that show up. So this is a big 17 deal. 18 And if one were to learn from history, this is 19 exactly what Medco was facing in 2012. It had United 20 Healthcare as a customer. United dropped Medco to use 21 OptumRx, which was its in-house PBM. 2.2 And Anthem -- the exact thing Anthem just said in 23 this -- earlier this year, its using IngenioRx, and it 24 already has cut off Express Scripts. 25 That's what these plans do.

THE COURT: Highly competitive. 1 2. THE WITNESS: Yes. 3 BY MR. COWIE: So have you seen any evidence from the critics 5 that WellCare is unable to bring the PBM services in-house 6 or switch to a cost-effective PBM? 7 I've not seen any concerns there. 8 MR. COWIE: Your Honor, tab 6 contains a table on 9 the elements of a foreclosure analysis, corresponding with 10 precedent of this Court and the D.C. Circuit Court on 11 vertical merger analysis. 12 BY MR. COWIE: 1.3 Dr. Wu, I know we've covered the must-have 14 element. Your view is CVS/Caremark is not a must-have 15 input. 16 Would you describe the other essential elements 17 consistent with the AT&T precedent? 18 Α Sure. 19 The second element on this chart talks about 20 long-term customer loss. 2.1 So assuming that there is some input that, say, 2.2 AT&T, in that case, it may have been CNN or HBO, if they 23 were to black out, say, that content to Dish or Comcast, the 24 question is, in that case: Would Comcast or Dish have lost

25

subscribers?

And it's important because it's the lost subscribers; that that is how a downstream rival could be harmed.

So that would be the element here that we want to look at, which is, if a health plan did not have Caremark or CVS PBM, would they lose customers? So that's the second element.

- Q Have you seen any evidence, real-world evidence or even academic modeling of what the loss rate or blackout rate would be if Caremark left?
- A I have not.

2.2

- 12 O What's the next element?
- 13 A The next element is called the diversion rate.
- And this refers to where the customers go if they're lost.

So in the context of AT&T-Time Warner, if Comcast or Dish were to lose subscribers, what percentage of them would go to AT&T's DirecTV? That would be the diversion to DirecTV.

And that element is important because that is how foreclosure becomes a profitable strategy they actually get switching to its own downstream entity.

The parallel here would be if, hypothetically, CVS were to put WellCare or another PDP at a disadvantage and, second, that PDP were to lose customers, what percentage of

those customers would end up going to SilverScript? 2. diversion.

Have you seen any evidence attempting to model what portion of lost customers would go to SilverScript versus other Part D competitors?

I have not.

The fourth element is profitability. Judge Leon has asked several questions about that already.

Would you just summarize how that applies in this setting based on the AT&T precedent?

Α Yes.

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So profitability refers to the tradeoff that is inherent in a foreclosure strategy.

In the AT&T-Time Warner context, if there were a blackout, for example, then AT&T would be losing profits associated with the HBO and CNN business, hoping to recapture it with greater profits on the DirecTV side. has to weigh that.

It applies in this case context for -- because CVS would have to weigh the same thing. If it were to black out its PBM service to a health plan, it would be losing that health plan PBM profit, hoping to gain it, gain profits on the SilverScript side.

And that's the conversation that we just had about, which the way I would put it is: Would CVS really put at risk \$36 billion of health plan PBM revenues?

Q And, Dr. Wu, the last element here is consumer benefits. I know this Court has done a lot of analysis of the types of efficiencies that typically arise in vertical mergers. Would you summarize that and what's been done here or what's not been done here?

A Sure.

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In vertical mergers, there's always the prospect of cost efficiencies and cost savings. That was addressed in AT&T-Time Warner; and we would have to address that here, too, whether it takes the form of eliminating double marginalization or any other cost savings. So --

THE COURT: Do you see any efficiencies here?

THE WITNESS: You know, I do, because just in general, if it's -- it's a vertical relationship.

So a question is whether or not CVS can improve the overall health benefits and pharmacy benefits that it can offer through Aetna.

And there are benefits of right now, they do it through contracts. So there may not -- there's not going to be a gain on the negotiation side, but there could be a gain by -- on the output side.

THE COURT: You know, the typical indicators — and correct me if I'm wrong, but I believe the typical indicators of whether or not something is in the public

interest when it comes to this kind of a merger is whether or not the pharmaceutical drugs are going to be at a lower price, whether they're going to be more readily available, whether they're going to be more easily accessible.

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Where do you see the evidence here that as a result of this merger, 19 million customers that have been acquired by CVS, that the drugs that those customers and future potential customers are going to be lower? Where's the evidence that they're going to be more readily accessible? More readily available? More easily available? Where do you see that out of the information you've studied?

THE WITNESS: Well, if I may, I'll mention two things.

You know, one has to do with the -- what the pricing of PBM services to Aetna.

So to the extent that there isn't the need to add a markup for CVS PBM because it's now one entity, that's a benefit right there, because you don't have to have that markup.

So that's not related to negotiations with pharmaceutical plans, but that's just the economics of having a vertically integrated entity. You don't need to have extra markups along your supply chain.

 $\hbox{ The second thing that I would mention $--$ and this } \\ \hbox{is what I mentioned at the hearing last year before the } \\$

House Subcommittee. 1 2. It may not also just be price. It may be 3 expanding access to care. And this is where the MinuteClinics are an 4 5 important part of the plan also. 6 And, you know, there are too many people who get 7 into the healthcare system through the emergency room. 8 That's the most expensive way to get into the healthcare 9 system. 10 And the MinuteClinics, by providing access, especially in rural areas, I think, really, if they can make 11 12 great use of that, that's a huge benefit. 13 THE COURT: But that would be a benefit to society 14 in general. 15 I'm talking about a benefit to customers of CVS. 16 THE WITNESS: Well, yes. 17 But to the extent that it's part of the Aetna, the 18 post-merger Aetna health plan. And it encourages that kind 19 of coordination of care --20 THE COURT: It would trickle down to it. 2.1 THE WITNESS: That's valuable, yes. 2.2 THE COURT: Yeah. 23 BY MR. COWIE: 24 Just to finish up, Dr. Wu, vertical merger 25 analysis, it is standard for economists to assess

elimination of double marginalization, correct? 1 2. It is. 3 And that kind of analysis was done during the 4 investigation with the Justice Department, correct? 5 Yes, it was. 6 Are the critics assuming zero EDM or elimination 7 of double marginalization? 8 Yes. Dr. Sood is not or has not discussed the cost 9 10 savings or the elimination of a double marginalization, but 11 that's the one number you know is not going to be zero. 12 THE COURT: Where do you see it coming from? 13 THE WITNESS: Well, so just the two that I mentioned earlier. 14 15 One is just eliminating the markups along the 16 supply chain. 17 And then the second I would think about -- it may 18 not be price but it may be non-price. 19 THE COURT: You mean for the Aetna customers? 20 THE WITNESS: For the Aetna customers, yeah. 2.1 THE COURT: The 19 million? 2.2 THE WITNESS: Yes. 23 THE COURT: Well, how about Dr. Sood? 24 He did an analysis, and he testified about it 25 yesterday. I'm sure you listened to that, about the HHI

index and how this merger, in his judgment, would indicate a 1 2. greater concentration of power. 3 And his experience has shown over many years that where there's an increase in the HHI, to the extent that 4 5 that would be present here, there's likely -- higher prices 6 are likely to follow. 7 Did you -- I mean, obviously you heard his 8 testimony on that. What do you make of it all? 9 Or did you do your own HHI analysis? 10 THE WITNESS: Well. So first of all, when it 11 comes to HHI's, that's just a starting point, okay? 12 just a starting point for a competitive analysis. 13 THE COURT: Okay. 14 THE WITNESS: So let's just start there. 15 Now, second --16

THE COURT: Did you disagree with his analysis on the HHI front?

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THE WITNESS: It's fine for what it's worth.

What I will comment, though, is that when he describes -- when he looks at the HHI -- and I'm remembering one of his charts -- the HHIs that he puts forward do not fall in the category of a highly concentrated industry. It might be the moderately concentrated industry, but it's not a highly concentrated industry.

And then when he looks at the change in the HHI

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over a ten-year period, he says that index went up by, like,
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 2.
     323 points.
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               Just to the put that into perspective --
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               THE COURT:
                           So you don't find the PBM
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     market/industry to be highly concentrated?
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               THE WITNESS: I don't, given that if we looked at
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     the world in 2012 and Optum was -- and Optum was not in the
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     big three and now it is and we have all the churn that's
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     taking place, I'm not sure looking at the structure tells
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     you much.
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               What we do care about is the churn, because that's
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     the competition.
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               Now, I will -- if I may, I'll just --
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               THE COURT: He isn't in charge. You can ask me.
15
               Go ahead.
16
               THE WITNESS: If I may continue?
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               THE COURT: You may continue.
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               THE WITNESS: Dr. Sood mentions -- relies on a
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     couple of -- or three academic papers.
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               There are a couple of things that I would point
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     out for your consideration.
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               One is a paper by a professor named Lucarelli.
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               THE COURT: Lucarelli.
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               THE WITNESS: He is doing a simulation and is
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     looking at data from 2006.
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The authors in that paper recognize that 2006 is a very special year; it's the very first year of the Medicare PDP business.

So in that paper, they even say — which the downside of looking at 2006 data is that there may be serious miscalculations by consumers and sellers.

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Okay. I appreciate that. It's the very first year of the business. So -- and it was a long time ago, 2006. So I don't know that I would rely on that, but I think it's important to consider.

The second, he mentions a paper by the CBO, and that's a working paper. That relies on data from 2006 to 2010.

Look, that's dated also and the PDP marketplace was very different then than it is today.

But from an economic methodological perspective, what I will point out is sometimes it pays to read the appendix.

And the authors note that there are a number of variables that are missing from the model. And they do write a specification where they include one, and then the result is not significant anymore.

So, look, I think there's still a lot to -
I mean -- so I -- there's a lot going on there, and that
just made me question the applicability of that paper.

And there's a third paper he mentioned by some authors at Princeton University.

2.2

Even if we take the estimates that Dr. Sood mentions about the price increase from a merger, I think you also should know the paper does estimate the cost efficiencies, which more than offset what they label as the price increase.

So, look, there are things with those papers, and I appreciate academic research, but there are some -- there are some issues there we should consider.

And that data also is from 2006 to 2012, so that's a little bit dated, too.

Now, what I will point out is that in the real world, I'll tell you what we do see. Okay.

Even if we accept the increase in concentration in the PBM marketplace, as Dr. Sood calculates, I think it's really interesting if we look at the data, there are premium decreases.

Look, last year, July 2018, CMS puts out a press release saying premiums are projected for 2019 to be lower than they were before and it's a second straight year of premium decreases. Okay.

THE COURT: Who projected that?

THE WITNESS: CMS, which is the government agency that runs the Medicare program.

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BY MR. COWIE:
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 2.
               Dr. Wu, we're running short on time.
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               Do you conclude that the characteristics of a
 4
     successful divestiture are present?
 5
               Yes, I do.
 6
               Do you conclude that the PBM industry is intensely
 7
     competitive?
 8
               I do.
 9
               Do you conclude that WellCare has PBM options
10
     going forward?
11
               I do.
          Α
12
               Do you conclude that the elements of a vertical
1.3
     foreclosure analysis as recognized by this Court are absent?
14
          Α
               Yes.
15
               And do you conclude that the critics' foreclosure
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     claims should be rejected as factually baseless and
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     economically unsound?
18
               T do.
19
               MR. COWIE: Do you have any questions, Your Honor?
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               THE COURT:
                           No.
2.1
               It's lunchtime.
2.2
               You're excused.
23
               THE WITNESS: Thank you, Your Honor.
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               THE COURT: Thank you, Doctor.
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               All right. We'll reconvene at 2:45, and we'll
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hear your next -- who's your next witness?
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               MR. COWIE: Dr. Lotvin.
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               THE COURT: Dr. Lotvin, all right.
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               And I think both of your afternoon witnesses are
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    projected to be one hour each.
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               MR. COWIE: Correct.
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               THE COURT: So we should be able to comfortably
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     finish them before the day ends, all right?
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               Very good.
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               We'll stand in recess till 2:45.
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               DEPUTY CLERK: All rise.
12
               (Proceedings concluded at 1:04 p.m.)
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C E R T I F I C A T E

I, William P. Zaremba, RMR, CRR, certify that the foregoing is a correct transcript from the record of proceedings in the above-titled matter.

Date: June 5, 2019______/S/_William P. Zaremba______ William P. Zaremba, RMR, CRR

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